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S. HAWKES

JAN 5 2010

EXAMINER

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

EXPRESS MEDICAL DELIVERY L.L.C.

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

(<u>Name of the Limited L</u> (A F	<u>liability Company as it now appears on our relations of the Company of the Compa</u>	ecords.)
The Articles of Organization for this Limited Liab	bility Company were filed on $2 - 1/2$	-2009 and assigned
Florida document number 209000/		
This amendment is submitted to amend the follow	ving:	意言力
A. If amending name, enter the new name of t	he limited liability company here:	
The new name must be distinguishable and end with "L.L.C."	the words "Limited Liability Company," the de	esignation "LLC" or the abbreviation
Enter new principal offices address, if applicab	ole:	
(Principal office address MUST BE A STREET	ADDRESS)	7/
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u>OX)</u>	
B. If amending the registered agent and/or registered agent and/or the new registered office	registered office address on our recorce address here:	ds, <u>enter the name of the new</u>
Name of New Registered Agent:		
New Registered Office Address:		
	(Enter Floria	la street address)
	, Florida	
	(City)	(Zip Code)
Name 13 and 4 and 4 and 43 and 43 and 4	• • • • •	

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

or Managing Member being added or removed from our records: MGR = Manager MGRM = Managing Member <u>Title</u> Type of Action <u>Name</u> **Address** Remove r Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Signature of a member or authorized representative of a member Typed or printed name of signee

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager

Page 2 of 2

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